

JUN 12 2006



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Number of Pages (including this page)

Date: June 12, 2006
To: Examiner Macarthur, Victor L
Location: United States Patent and Trademark Office
Fax No.: 1 (571) 273-8300 Centralized Facsimile
From: Larry G. Brown
Docket No. CE11849JME – Cobo, et al. Confirmation No.: 5950

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MESSAGE:

In connection with the above-identified Patent Application, please find attached herewith the following documents:

- Transmittal Form;
- Two-Month Extension of Time (in duplicate); and
- A thirteen (13) page Amendment;

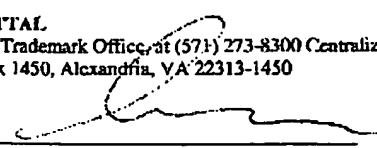
PLEASE DELIVER THESE PAPERS TO:

EXAMINER:	Macarthur, Victor L
GROUP ART UNIT:	3679
SERIAL NO.:	10/649,571
FILED:	August 26, 2003
INVENTOR:	RAFAEL J. COBO

CERTIFICATE OF FAX TRANSMITTAL

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Date: June 12, 2006

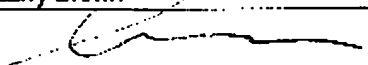
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/649,571
		Filing Date	August 26, 2003
		First Named Inventor	Rafael J. Cobo
		Group Art Unit	3679
		Examiner Name	Macarthur, Victor L
Total Number of Pages in this Submission	16	Attorney Docket Number	CE11849JME

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request X Two Month <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement without prior art refs. <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks X Facsimile Transmittal		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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Signature			
Date	June 12, 2006		

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